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CONFIRMATION NO. 1397

SERIAL NUMBER 10/814,988	FILING OR 371(c) DATE 03/31/2004 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 8627-345
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APPLICANTS
 Darin Schaeffer, Bloomington, IN;

**** CONTINUING DATA *******
none

**** FOREIGN APPLICATIONS *******
none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 06/22/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY IN	SHEETS DRAWING 5	TOTAL CLAIMS 24 11	INDEPENDENT CLAIMS 3 1
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ADDRESS
757

TITLE
Self centering delivery catheter

FILING FEE RECEIVED 842	FEES: Authority has been given in Paper. No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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